

Maternal Mortality Review Stakeholder Group
Minutes
Monday September 14, 2020
2:00 to 4:00 PM

Members in attendance: Linda Alexander, Shelly Choo, Rosemarie DiMauro Satyshur, Blair Eig, Maxine Reed Vance, Maisha Douyon-Cover, Elizabeth Dawes, Doris Titus Glover, Kari Gorkos, David Mann, Kari Gorkos,

Members absent: Pastor Meldon Dickens, Amanda L. Costley, Janice Miller, Dr. Angela Wright Marshall, Toni Thompson Chittams, Teneele Bailey, Meghana Rao,

Guests: Delegate Jheanelle K. Wilkins

Note: Due to the outbreak of Covid-19 Coronavirus, this meeting was conducted via teleconference. The conference call information was made publicly available in advance of this meeting.

1. Introductions

Linda Alexander welcomed everyone to the group. She is the Reproductive Health Medical Director and a Committee Member on the Maternal Mortality Review Committee (MMRC).

Dr. Alexander introduced three members to the Stakeholder Group:

- Maisha Douyon-Cover, the Maryland Department of Health's Director of the Office of Quality Initiatives. Maisha is a member of PRAMS, MMRC, and FIMR.
- Dr. Shelly Choo, the new Director of the Maryland Department of Health's Maternal and Child Health Bureau. She has a background in preventive medicine and public health,
- Dr. Blair Eig, the President and CEO of the Maryland Patient Safety Center since June 1. Dr. Eig has 14 years in primary care pediatric practice and 19 years as the Chief Medical Officer of Holy Cross.

2. Old Business

The group did not have any suggested changes for the approval of minutes from the December 19, 2019 meeting. Dr. Rosemarie DiMauro Satyshur motioned to approve. Doris Titus Glover seconded the motion. Minutes were approved with non nays and changes.

For the minutes from March 16, 2020, the group noted a couple members' names were misspelled. Dr. Alexander reported that these errors would be correct prior to posting the minutes online. Dr. Maxine Reed Vance motioned to approve with the suggested changes. Dr. Rosemarie DiMauro Satyshur seconded the motion. Minutes approved with changes with no nays.

3. Presentation of the Maryland Maternal Health Strategic Plan

Colleen Wilburn, MPA, Title V Manager, Maryland Department of Health, Maternal and Child Health Bureau

Ms. Wilburn and the Maternal Health Improvement Task Force are working on the Maryland Maternal Health Strategic Plan. The Task Force was the result of a proposal submitted by Johns Hopkins University called MDMOMs. MDMOMs is a collaboration between Johns Hopkins University, the University of Maryland, Baltimore County, and Maryland Patient Safety Center. MDH staffs the Task Force.

Ms. Wilburn reviewed the Task Force Requirements that included: Develop a maternal health strategic plan for the State and consult private, public, and community stakeholders in the plan's development. Ms. Wilburn currently serve as the Chair of the Task Force

The Task Force believes that the Maryland mother should be healthy and thriving. The Strategic Plan will be a roadmap to achieve this goal. The Strategic Plan Processes from the Task Force included: reviewing existing strategic plans from other states and other organizations; reviewing assessments and data to align stakeholder efforts to improve maternal health; identifying priorities and desired outcomes from the Strategic Plan; scheduling meetings with stakeholders (including this Group) to receive input on the proposed Plan; and holding an equity forum through the task force to address racial, ethnic, and cultural disparities in maternal health.

The Task Force reported that equity is not enough. The focus must be on anti-racism. The Task Force wants to recognize intergenerational stress and how that aligns with maternal and child health principles, take an evidence-based approach, be inclusive and partner with the organizations that are already doing the work, be data driven, decrease maternal mortality and Black/White racial disparities in maternal health, and analyze severe maternal morbidity.

Maryland is already participating in the Alliance for Maternal Health, which aligns well with the task force's work. They will be referenced and consulted in development of the Plan.

The Strategic plan should align Title V Block Grant efforts including addressing smoking while pregnant, analyzing the percentage of moms who receive a dental visit while pregnant, studying risk-appropriate perinatal care, and addressing substance use treatment.

The Task Force is using a socio-ecological model from the theory of change. This model is similar to the one B'more for Healthy Babies uses.

The Task Force will be focusing on policy initiatives that fit into 5 buckets:

- Empower and support Maryland moms through policy:
- Strengthen families and communities:
- Enhance surveillance, monitoring, and evaluation:
- Strengthen the provider workforce:
- Transform systems and service deliveries for Maryland mothers:

4. Discussion of Proposed Strategic Plan by the Task Force

The Stakeholder group brought up in addition to smoking, other chronic conditions like obesity, diabetes, chronic inflammation, nutrition, and physical activity. They also suggested reviewing the post-partum period and going beyond 12 months, so things missed during the preconception period can be caught. The importance of mental health and behavioral health was emphasized. Per the maternal mortality data, most overdose deaths occur post-partum and suicides occur even farther out than typical assessment reached. Intimate Partner violence was emphasized and also to include preconception education about maternal and postpartum obesity.

The Stakeholder Group also mentioned advocacy for social determinants of health, advocating to address food deserts, bring grocery stores to neighborhoods, create green space, address toxic environments, and improve transportation was important. The Group noted that it is unfair to lecture women about obesity and weight if they are not given the resources to achieve health goals. A comprehensive approach that includes environmental changes is needed.

The group noted that intergenerational trends health problems in motion and the need for interventions to correct this. The group recognized the impact of COVID-19 and how people who haven't previously needed help are needing it.

The Group also suggested that reviewing interventions with prevention and primary versus tertiary factors would be helpful. Health in all policies should be considered in the Plan. Social determinants have so many factors. Infants and pregnant women are vulnerable to stressors due to a unique health period.

Contraception was also brought up, and having enough resources for the plan was also essential.

For next steps, the Task Force will continue to meet with several stakeholders, this Group and allow a public comment period before the plan is finalized. Ms. Wilburn reported that the next steps include: continue with stakeholder input; develop an Outline; develop a Draft; Public Comment; and finalize the plan. The Task Force has scheduled partnership meetings, scheduled one on ones with community-based organizations working with an emphasis on maternal and child health, and set a virtual meeting for Thursday September, 17, 2020 to reach other stakeholders. There will be a public comment period prior to finalization. The Group will receive an invitation to this meeting so they can refer people to it and share the information with their groups and networks.

Delegate Jheanelle K. Wilkins reported that as the legislative session is coming up that recommendations are a start, and if there is interest in legislation or the legislative process as an intervention, now is the time to start working on bills.

The Group then went into a discussion of how to be more action oriented. The group noted that the Health Resources and Services Administration (HRSA) recently released a call for grant proposals. There is often money there for training, implementation, and evaluation. Grant writers could take a stab at the HRSA money to make services sustainable, increase their availability, and train a more diverse workforce.

The Group noted that the recommendations from the Maternal Mortality Report contains many repeat recommendations. Dr. Alexander asked the Group for their guidance and leadership on how to activate these recommendations.

The Group noted that no matter the focus, there has to be something to sustain the interventions and recommended looking at national grants to get 3-5 year periods of money to build an evaluation.

The Group discussed the importance of identifying “near misses” and that there is a pilot in Maryland for severe maternal morbidity in six hospitals. The group suggested thinking about:

Violation of standard of care – hospitals should have system review and quality improvement processes; higher severity due to chronic conditions that contributed to morbidity; and cases where mom is healthy and the standard of care is followed but morbidity or mortality still occurs.

Dr. Alexander asked the group of their thoughts for subcommittees. The Group thought the subcommittees could be the opportunity to be specific and innovative in the recommendations. Dr. Alexander suggested that recommendations could be divided into the following categories: 1 year postpartum recommendations, screening for social predictors, and trainings to address disparities and planned for another meeting.

The meeting was adjourned after the group confirmed that there was no new business.